

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-06 Medicare Financial Management	Centers for Medicare & Medicaid Services (CMS)
Transmittal 110	Date: OCTOBER 27, 2006
	Change Request 5343

SUBJECT: Waiving Reporting Requirements on the CMS-2592 Report in Fiscal Year 2007 Due to Funding Constraints

I. SUMMARY OF CHANGES: The Monthly Statistical Report on Intermediary and Carrier Part A and Part B Appeals Activity Form (the CMS-2592 report) provides instructions for intermediaries, carriers and DMERCs related to the reporting of appeals workloads on a monthly basis. Line 6 of the report tracks the number of requests cleared and provides guidance on when to consider affirmations, full or partial reversals and dismissals as cleared, for purposes of reporting workload on the CMS-2592 report. Due to funding constraints in Medicare fee-for-service appeals in FY 2007, for purposes of reporting to the CMS-2592, CMS is waiving one of the required elements for fully favorable decisions. For purposes of reporting data to the CMS-2592 report, contractors will not be required to mail a decision letter for fully favorable decisions, in order to count the case as cleared on Line 6 in FY 2007. The requirement is not being deleted from the report, however and the CMS-2592 report is not being revised.

NEW / REVISED MATERIAL

EFFECTIVE DATE: *October 1, 2006

IMPLEMENTATION DATE: November 27, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

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SUBJECT: Waiving Reporting Requirements on the CMS-2592 Report in Fiscal Year (FY) 2007 Due to Funding Constraints

I. GENERAL INFORMATION

A. Background: The Monthly Statistical Report on Intermediary and Carrier Part A and Part B Appeals Activity Form (the CMS-2592 report), provides instructions to intermediaries, carriers and DMERCs related to the reporting of appeals workload on a monthly basis. Line 6 of the report tracks the number of requests cleared and provides guidance on when to consider affirmations, full or partial reversals and dismissals as cleared, for purposes of reporting workload on the CMS-2592 report. Due to funding constraints in Medicare fee-for-service appeals in FY 2007, for purposes of reporting to the CMS-2592, CMS is waiving one of the required elements for fully favorable decisions. For the purposes of reporting data on the CMS-2592 report, contractors will not be required to mail a decision letter for fully favorable decisions, in order to count the case as cleared on Line 6 in FY 2007. The requirement is not being deleted from the report, however and the CMS-2592 report is not being revised.

B. Policy: The BIPA and the MMA provisions have resulted in numerous changes to various levels of the Medicare fee-for-service appeals process. The CMS-2592 report was developed to capture workload data resulting from the implementation of the provisions. Due to funding constraints in Medicare fee-for-service appeals area in FY 2007, however, for purposes of reporting data on the CMS-2592 report, contractors will not be required to mail a decision letter for fully favorable decisions in order to count the case as cleared on Line 6 in FY 2007.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
F I S S	M C S					V M S	C W F			
5343.1	Line 6 of the CMS-2592 report provides instructions for contractors on when to count cases as cleared, for reporting purposes. According to the instructions, for full and partial reversals, cases are considered cleared when: 1) all claims within the case are included in the decision letter and the decision letter is mailed to the parties, and 2) the contractor completes the action that sets in motion correct payment of the claim, or for intermediaries, written assurance from the provider for Part A cases is requested, if applicable. Due to funding constraints in FY 2007, the CMS has determined that contractors shall not send a decision letter for fully favorable decisions.	X	X	X	X					
5343.2	For purposes of reporting on Line 6 the CMS-2592 in FY 2007, the case shall be considered cleared when the contractor completes the action that sets in motion the correct payment of the claim or, for intermediaries, written assurance from the provider for Part A cases is requested, if applicable.	X	X	X	X					
5343.3	For purposes of reporting on Line 6 of the CMS-2592 report, contractors shall be required to send the decision letter for partially favorable decisions.	X	X	X	X					

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	None.									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: Upon release of this CR, due to funding constraints, for purposes of reporting to the CMS-2592 report, contractors will not be required to mail a decision letter for fully favorable decisions in order to count the case as cleared on Line 6 in FY 2007.

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: October 1, 2006</p> <p>Implementation Date: November 27, 2006</p> <p>Pre-Implementation Contact(s): Kristie McCarthy, 410-786-7139</p> <p>Post-Implementation Contact(s): Kristie McCarthy, 410-786-7139</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.</p>
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